

APPLICATION SUMMARY REPORT

Agency Name		Program Title	
Authorized Official Name and Address (include ZIP Code)		Project Director Name and Address (include ZIP Code)	
Phone Number (include Area Code): Fax Number (include Area Code):		Phone Number (include Area Code): Fax Number (include Area Code):	
STOP Program Funds Requested \$ _____	Local Match Share Required \$ _____	Source(s) of Local Match _____ _____	
Geographic Area to be served by this project: _____			
The requested STOP Program funds will be used for: (Prorate percentage of time if project covers more than one category.) ____ Law Enforcement ____ Prosecution ____ Victim Services Project ____ Other (specify) _____ ____ Combination ____ % Law Enforcement ____ % Prosecution ____ % Victim Services ____ % Other (specify) _____			
The requested STOP Program funds will be used to: ____ Fund a New Project ____ Expand/Enhance an Existing Project ____ Continue an Existing Project			
The Focus of this project is on: (Check all that apply.) ____ Domestic Violence ____ Sexual Assault ____ Stalking ____ Other (Please explain) _____			
Indicate the anticipated number of victims to be served by this STOP funded project: ____ Total Victims of Crime ____ Hotline Calls			
If a domestic violence shelter, indicate the anticipated number of women and children to be served in shelter and outreach services, the number of anticipated hotline calls and the anticipated number of bednights. ____ Women ____ Children ____ Hotline Calls ____ Bednights			
If a training/technical assistance project, show the anticipated number of people and/or communities to be trained: ____ People ____ Communities			
Give a brief summary of the services to be offered by this STOP Program project:			